New England Deaconess Hospital Annual Report 1970

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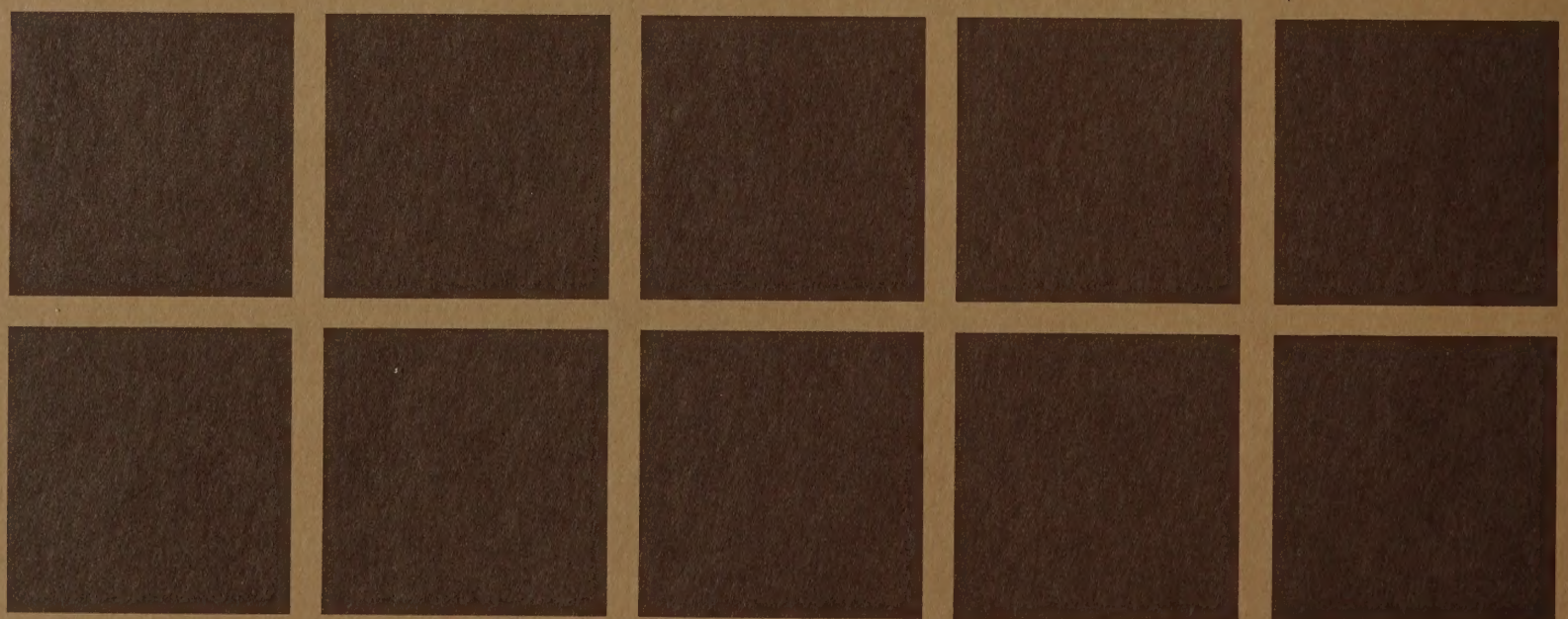

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Report of the President

Laurens MacLure
President

At the close of my annual report last year I stated that the Deaconess must re-examine its mission in the light of present circumstances and future trends and, having done so, redefine its role to the extent necessary to meet the challenges that lie ahead. This year my report will outline some of the challenges as I see them.

Early in 1971, we will have completed Phase I of our Development Program. Our patient bed capacity will have increased from approximately 370 to about 480. As our patient load rises, we will need more floor-duty nurses, dietitions, laboratory technicians, housekeeping and other personnel. We also will need more equipment and support facilities.

The first and most immediate challenge facing us is the necessity to shift our level of operation to a significantly higher plane so smoothly and efficiently that it does not impair our fine tradition of patient care.

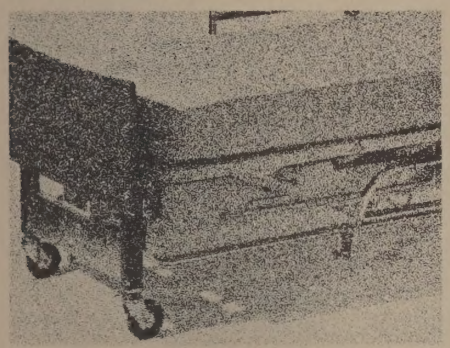
The second challenge arises from the first. Increased patient facilities inevitably place increased pressures on the staff and supporting services. While we have planned extensive renovations in both the Central Building and the Old Deaconess to meet the pressures, certain special needs have emerged: notably for laboratory space, staff housing, educational and living accommodations for our School of Nursing, plus added space for the Department of Radiology. In addition, we must provide more parking space for hospital employees, medical staff, and visitors.

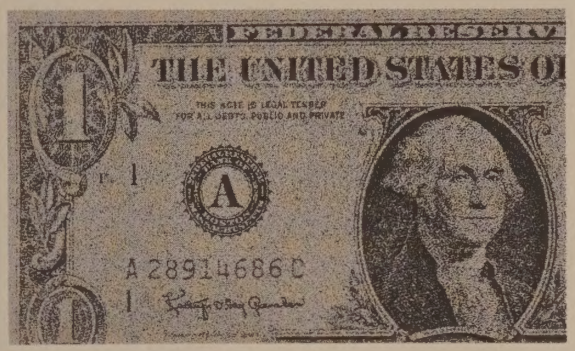
With these objectives in mind, the Executive Committee early this year selected an architectural firm to study our land utilization and to assist in the development of long-range plans for the orderly future growth and expansion of the Deaconess physical plant.

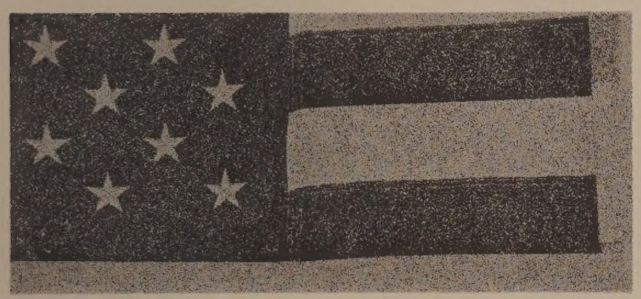
As a result of the study, plans are underway to construct a 20-story tower complex on the corner of Longwood Avenue and the Riverway which will contain apartments for house officers and floor-duty nurses and living accommodations for our student nurses. Also included is housing for the School of Nursing and parking provisions for 600 cars.

The facility probably will cost between $7 and $8 million. The sum is substantial, but we are fortunate to be able to announce that the Frederick J. Kennedy Memorial Foundation has recently pledged $2.5 million, representing 80 per cent of the cost of that portion of the project to be devoted to the School of Nursing. Since the remainder of the building will be revenue producing, we expect to be able to borrow the additional funds required.

We must recognize that our Department of Pathology has been growing faster than any other single department yet has had to make do with odds and ends of space in the Palmer Building. It is high time for this vital department to acquire the space and facilities adequate for both its present needs and future growth. Our Therapeutic Radiology Department







also has outgrown the space provided almost 20 years ago and recently enlarged in the Central Building subvault. A new building devoted to laboratory and radiology needs is essential.

Our second challenge, then, is to start the planning and implementation of Phase II of our Development Program as we near the completion of Phase I.

Thus far I have reported on the need to gear up for a higher level of operation and the need to move ahead with the next phase in the expansion of the physical plant. Parenthetically, I might note that these concerns—often referred to as bricks, mortar and dollars—usually occupy a disproportionate amount of a hospital trustee's time. This fact is especially frustrating in today's environment where the demand for social and economic change is being loudly voiced and where the healthcare industry is already beginning to feel the shock waves.

For example: Earlier this year, the Supreme Judicial Court in Massachusetts served notice on charitable institutions that they would no longer enjoy immunity from liability;

Hospital costs are increasing rapidly and the industry is under growing pressure from the public, various levels of government, and third party insurers to bring hospital costs under better control;

Hospitals are beset by more and more regulatory bodies having a voice directly or indirectly in almost every area of management decision making;

A little over four years ago our government entered the health-care industry with Medicare and Medicaid. No doubt National health insurance will follow in the not too distant future and the government will be even more deeply involved.

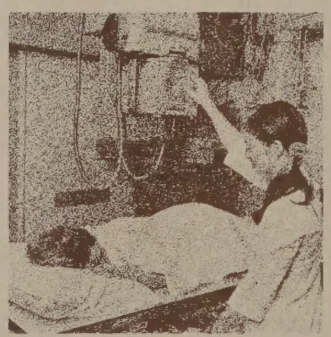
In view of the foregoing, it is not difficult to predict that the healthcare industry is about to undergo a series of dramatic changes in the next decade. The delivery system, its cost structure, and the regulatory climate will come under intensive review and undergo major alteration.

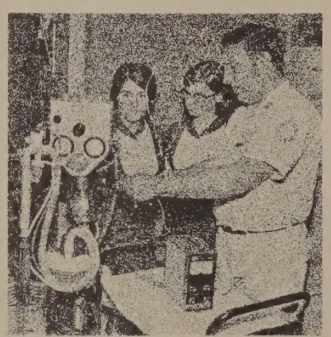
The challenge of change is our third challenge, the most important and probably the most difficult to meet successfully. To do so will require continued effort on the part of our Trustees, Corporation members, Medical and Administrative staffs. Fortunately, the Deaconess has a long tradition of cooperative teamwork between its Trustees, Medical, and Administrative staffs. I am confident we will meet the challenge successfully and will continue to move ahead in progressive fashion during the 70's.

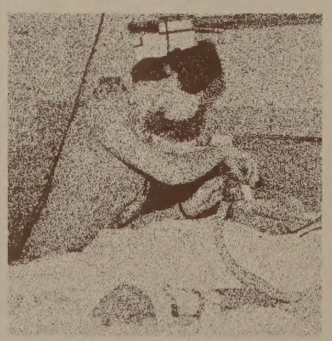
My report would not be complete without an expression of appreciation to our dedicated staff, doctors, nurses, technicians, and all the others whose united efforts contribute to the healing and comfort of our patients. To Mr. Lowry, our Executive Vice President, and his hard working staff goes a special word of thanks for the fine job they are doing.

Report of the Executive Vice President

R. D. Lowry
Executive Vice President







We have completed another fiscal year and the long awaited addition to our Central building is still under construction—approximately one year behind schedule. Since construction began, the contractor has been plagued with fourteen strikes. Nevertheless, under an increasing demand for beds, we were able to maintain the highest occupancy rate in our history —94 per cent. A total of 10,341 patients were admitted, and a great tribute must be paid to all departments whose teamwork and cooperation made it possible.

A high percentage of the medical and surgical patients were seriously ill and had complications so that despite the pressure to discharge patients as early as possible, to make room for others on a waiting list, the average length of stay was almost double the national average, or 13 days. Patients in the psychiatric section stayed an average of 18 days, and at the other end of the scale were those in the Hospital Teaching Unit who stayed an average of 7 days.

Formerly patients admitted to the Hospital Teaching Unit were hospitalized in medical and surgical beds. Since 1957 our ability to care for these patients in the ambulant facility provided by the Joslin Diabetes Foundation has saved millions of dollars for patients, the Blue Cross, and insurance companies. Many more beds of this type could be used.

The hospital's expenses for the year were just under $16 million and, while there were many unexpected expenses, careful cost accounting and utilization of the information it produced enabled us to close the year with a surplus of $77,742.

Certain expenses are difficult to reduce, namely those incurred to maintain our numerous educational programs. Many highly specialized personnel are needed to operate a hospital such as ours. If not available, they must be trained or we must reduce the service we give our patients. The second alternative we can not accept.

Few members of the general public appreciate the number of educational programs underway in the teaching hospitals of our country. The heavy burden of training the majority of personnel in the health field falls on their shoulders, yet they comprise only 10 per cent of all hospitals.

Teaching programs existed in our organization before the hospital opened. On November 30, 1889, the New England Deaconess Home and Training School for Nurses was incorporated to meet a community need. The hospital did not open until 1896. During the ensuing years many educational programs both formal and informal were developed. Until last year the hospital had sought no contractual affiliation with a medical school, but has now signed an agreement with Harvard Medical School. It is in formal recognition of the teaching programs which have been underway for some time.

It may be of interest to list some of the educational programs in which the hospital is involved. Besides training medical students, interns, and residents in medicine, anatomic pathology, clinical pathology, diagnostic radiology, therapeutic radiology, thoracic surgery, cardiology, and urology, the hospital continues to support its School of Nursing which has an enrollment of approximately 160 students.

The laboratories cooperate with Northeastern University and the New England Baptist Hospital in the training of medical technologists. In addition, the laboratories have a school for Cytotechnologists which is run in cooperation with the Beth Israel, Boston City Hospital, Boston Hospital for Women, Peter Bent Brigham, Massachusetts General, and the New England Center Hospitals giving the students what is probably the best rounded experience of any school of its type in the country.

The hospital also has programs for the training of x-ray technicians, surgical technicians, inhalation therapists, and nursing aides. The Nursing Department has an active in-service educational program for graduate nurses, L.P.N.'s, and aides.

Because of these programs, the hospital has been able to obtain the highly qualified personnel needed to staff the departments and, in addition, many of the individuals we have trained are employed in other hospitals throughout the country.

Nevertheless, the training programs are a heavy financial burden. Deaconess, as well as all teaching hospitals, is struggling with the problem of how it can be relieved of this burden. The problem is complicated by the fact that as hospital costs continue to increase more and more criticism is directed against the hospitals with higher than average costs. Inevitably, these include the teaching hospitals which because of their educational programs have more highly qualified personnel.

No one can question the fact that the efforts of the teaching hospitals in the area of education result in more comprehensive and better patient care, but the time is rapidly approaching when others—whether it be the 90 per cent of the hospitals which do little or no training or the Federal Government—must share the expense.

Educational expenses are not the only ones difficult to control. At the time plans were being drawn for the Central building in the early 1950's, provisions were made in many departments for expansion to approximately 500 beds. However, there was then little realization of how rapidly medicine would progress resulting in demands for entirely new departments. Since the original five stories of Central were built, we have added an Intensive Care Unit, a Cardiac Care Unit, a Cardiac Catherization Department, an Observation Unit, Electroenchephalography, a department of Inhalation Therapy, a Psychiatric section, a Stoma Clinic, and numerous other smaller services.

During the same period, we also have added a Patient Services Department and a Training section to our Personnel Department. We are in the age of the computer, and we now have a third generation model. These additions, plus many others I have not listed, have helped us to maintain our ability to give the best possible service to our patients and have helped to refine our administrative procedures, but they have taxed our physical facilities to the utmost.

During the coming year, we will add 100 medical and surgical beds to our complement and no one can predict how great the impact will be on the supporting services, nor can we predict the amount of space and the number of trained personnel that will be required for the new services that certainly will be developed in the next few years.

We must, obviously, redouble and redefine our efforts in long-range planning, using every bit of data available and the advice of every person who has carefully thought out ideas as to what the 1970's will bring to the health field. While I believe that the coming decade will present far greater challenges than our hospital has ever known, I also believe that we are continually developing the organization to meet these challenges.

My sincere thanks to our Trustees, Medical Staff, and the Friends of Deaconess for their invaluable contributions to our progress, and particularly to our Director, Mr. Richard Lee, to his staff, and to all our employees for their efforts that help make the New England Deaconess Hospital something special.

Report of the Department of Medicine

James L. Tullis, M.D.
Chairman

The immediate past often illuminates future trends. Thus an annual report seems an appropriate place to discuss questions raised by our recent activities in the Department of Medicine. What new perspectives have we gained? What new goals have sprung up? Three areas are of particular interest: education, medical practice, and medical research. I shall attempt to summarize our thoughts.

Education: The role of the hospital in the post-doctoral education of medical house officers and in the continuing education of its permanent staff is likely to increase. To achieve Board certification, a young doctor spends more years as an intern, resident and fellow than the four he spends in medical college for formal training. Moreover, the explosive increase in factual knowledge is so enormous a doctor must now re-evaluate his basic concepts repeatedly throughout his professional life.

In large part, a hospital is the arena in which he learns and experiences the new factual knowledge. The medical specialists of the Deaconess attract doctors from all parts of the country for this type of training. If the Deaconess is to continue to grow in this field, which currently holds so much promise, two changes will be needed in the coming decade.

Firstly, financial support must be derived in part from outside the hospital. When a young man is in medical school he not only supports his person, he pays tuition as well.
After he receives his doctoral degree he quite reasonably expects to receive a salary in exchange for his talents, even though everybody agrees he is not ready to begin the practice of medicine. As such, the degree of Doctor of Medicine is antiquated. State legislatures require a period of post-doctoral training. One even proposes that the renewal of medical licensure no longer be automatic, as is the license to drive, but rather that it be conditional on re-examination, or evidence of participation in continuing education at an accredited hospital such as ours.

Despite these needs, it should not be the obligation of a hospitalized patient both to participate in the training and to pay for its cost. Many mitigating circumstances exist for the present universal practice of absorbing the expense of post-doctoral training into daily bed rates. For example, the presence of house officers and trainees in a hospital make possible a higher level of medical care than otherwise would exist. They make emergency care available at all times to all patients. Moreover, their constant query as to the how and why of patient management keeps the senior staff constantly alert to patients needs and to the very latest advances in medical knowledge. Much of the time a young trainee spends in a hospital is not educational, but comprises long hours of service and drudgery. For this there can be no question as to the propriety of the expense. At the Deaconess we strive carefully to seek a proper balance between the long hours to which the intern must become accustomed for the rest of his life, and appropriate elective periods when he can pause and refresh himself in allied discipline.

Secondly, the medical schools must play an increasing role in post-doctoral education and begin to accept responsibility for more than an arbitrary period of four undergraduate years. In 1970, the Deaconess formally associated with the Harvard Medical School. The step was taken without significant impact upon either institution since the affiliation was designed chiefly to formalize the limited undergraduate teaching already in progress. The fact that the affiliation could be accomplished with such minimal change reflects the traditionally minor involvement of American medical schools in post-doctoral education.

Medical Practice: If present trends continue, a significant difference can be forecast in the type of medical patient hospitalized here during the 70's. Broader application of good therapy to all socio-economic groups throughout the country will cause a continuing shift upward in the life expectancy of the population, with a resulting increase in incidence of the degenerative diseases of older years. This will mean that the average patient will be more difficult to treat than today. It is inevitable that the instrumentation needed to manage such patients also will increase in complexity. By the end of the decade, the intensity of care throughout the hospital may well reach the level now evident in the special areas. New, imaginative ways must be found to house and succor the less sick patients, the ambulant patients, and

those who are convalescing from previous illness.

The financial resources of the country, either directly or through third parties, will be unable to afford the luxury of hospitalization for diagnostic study or fatigue syndromes. Yet, to a person in need of such care, his personal illness will remain singularly important. Minimal care facilities must be provided, therefore, in buildings either immediately adjacent to or separated from the Deaconess. We have pioneered in the development of new techniques for the delivery of medical care within the hospital. The Deaconess was one of the institutions that early embraced the concept of special care units, coronary care units, floor managerial systems and similar innovative patterns to bring physicians and nurses into the team relationship which is so necessary for optimal care. In just such a manner the physicians and hospital must now work to improve the delivery of medical care to the community in which they reside.

The scientific advances in medicine during recent years are difficult to conceive until we remind ourselves that the generation of young doctors now obtaining post-doctoral education here has never seen a patient with poliomyelitis, typhoid fever, diphtheria, and a host of other infectious scourges that were an accepted part of our own childhood. Additional devastations such as tuberculosis, although not eliminated, have been so altered in virulence and methods of control as to have profound impact on medical practice. Hospitals devoted to the care of single diseases have either closed or shifted their emphasis. It is impossible to predict the direction in which the scientific advances of the future will effect medical practice, but it would be illusory to assume that the importance of a general hospital like this one will decrease. For one thing, the degenerative diseases of age will always be with us. For another, new illnesses and evils will always move in where others existed, in just the manner that drug abuse, alcoholism, mental disease and violence replaced the infectious plagues of the past. It behooves those of us involved in planning for the future to remain youthful and flexible enough to adapt to new stimuli and fresh problems as quickly as they inevitably arise.

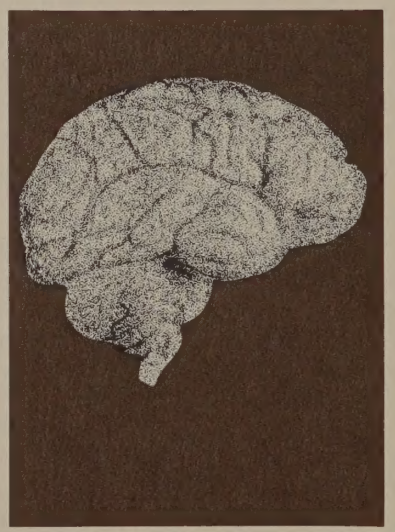
Medical Research: The role of research in a hospital such as Deaconess must constantly be appraised in terms of the primary mission of patient care. Does a significant program of basic or clinical research truly belong in a setting such as ours rather than in an academic institution totally integrated into a medical school curriculum?

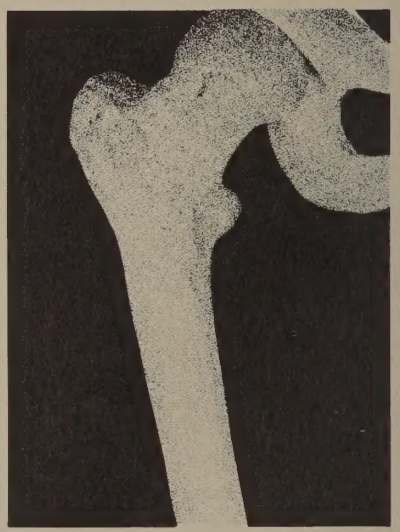
Until recently, it has not been necessary to face the reality of this question. Those members of our staff interested in research have possessed a degree of competence which has attracted general financial support from the government and from private foundations. So long as the investigative teams and the space they occupy remained self-supporting, the hospital and its staff could enjoy the benefits without assaying the cost. However, the decade ahead gives promise of a pecuniary restrictiveness unknown to recent medical research. Self-defeating as it may be, current socio-economic policies are so concerned with the application of current knowledge and in the delivery of medical care to all, whether wanted or not, that the funding of on-going research is increasingly sporadic and uncertain. Although this has had the effect of driving many young students out of the laboratory and into practice, a result deemed desirable by sociologists, it can, if continued, dry up our resources for future medical progress. It is important, therefore, for our hospital to determine realistically how much relevance research has for its long-range goals. If such an appraisal shows that the gain outweighs the costs, we must then be willing to underwrite the long-term expense.

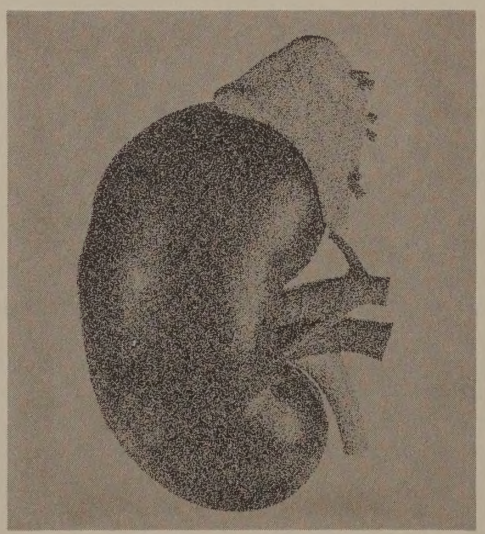
Recently, through retirement, the program of the Cancer Research Institute has been put under new direction. The theme of the research inevitably has shifted from the pathologic aspects of radiation biology into enzymology and the biochemical and medical aspects of calcium metabolism, long-term interests of the team of scientists now responsible for this Unit. Much time and thought has gone into ways in which their work can be integrated more closely into the clinical and educational functions of the various departments. This resource to the Deaconess must be carefully nurtured and developed in such a manner that it can contribute to the unique quality of medical practice upon which our institution is built.

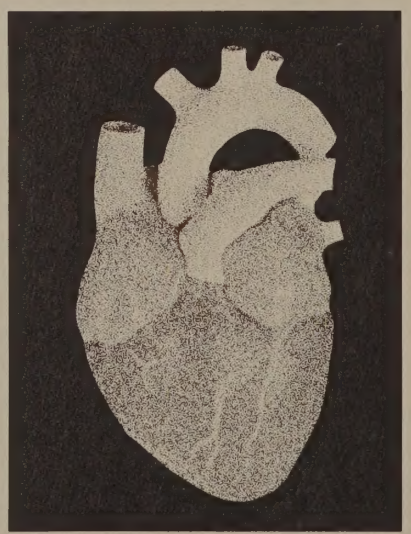
Report of the Department of Surgery

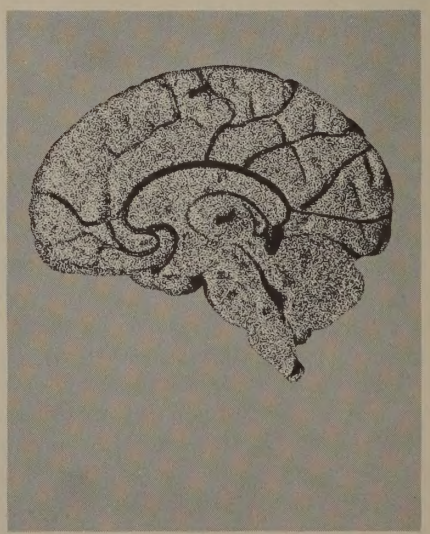
Cornelius E. Sedgwick, M.D.
Chairman











The Department of Surgery of the New England Deaconess Hospital continues to serve patients with unusual and complicated problems frequently not seen in a general hospital. The fact reflects the interest, skills, and reputation of our staff. Patients with complicated surgical problems require exacting equipment and responsible knowledgeable personnel, which lead to better patient care for all.

The Department of Surgery consists of many surgical subspecialties, each contributing to and keeping abreast of the latest advances in its particular discipline. Continued progress marked last year's activities.

The urology department continues to be a center for cryosurgery (a method of tissue freezing) for the poor-risk prostatectomy patient with a bleeding dyscrasia.

The neurosurgeons, particularly Dr. Charles A. Fager, are continuing their major research efforts in the fields of stereotactic and pituitary surgery. Dr. Fager reports that his stereotactic probing of deep cervical structures around the thalamus has met with increasing success in the treatment of involuntary movement disorders. Dr. Fager also has completed the development of a small transducer for monitoring intercranial pressure.

Dr. William R. Torgerson of the orthopedic department is performing total hip replacement, a new surgical approach to the treatment of degenerative arthritis.

Dr. Carl S. Hoar, Jr., and Dr. Frank C. Wheelock, Jr., continue with their interest in abdominal aortic and peripheral vascular surgery as well as carotid endarterectomy for strokes.

Dr. Wilford B. Neptune and more recently Dr. F. Henry Ellis, Jr. perform the major open heart surgery. A few years ago this surgery involved replacement of heart valves. Today, a new procedure for revasculating of the heart muscle with a vein graft for patients with coronary artery disease is frequently being performed.

This year started our organ transplantation program. After a year of study by the Transplantation Committee, we embarked on kidney transplantations. Of particular interest is the case of a young woman who came to us with a failing heart and no kidney function. She was maintained on renal dialysis (artificial kidney) while Dr. Neptune performed open heart surgery, correcting her malfunctioning cardiac valve. A few weeks later, Dr. Anthony P. Monaco performed a kidney transplantation. The patient was discharged with a repaired heart and new kidneys.

All of these new and exciting procedures require a great deal of work and cooperation with the anesthesia department, the operating room personnel, and the recovery room staff. We also depend a great deal on the Respiratory Therapy Division of Surgery under the direction of Dr. Joseph P. Crehan.

Our respiratory therapy group is one of the finest physician-directed, patient-oriented services and continues to be a model for other hospitals. From a modest beginning seven years ago treating 40 patients a month, respiratory therapy services are now provided for from 50 to 90 patients a day. Not only have the number of treatments each day increased but the complexity of the treatment has increased and, of course, the time involved.

Difficult surgical problems strengthen our educational program at all levels: surgeon, house officer, nurse, medical student, and technician. This year we have five general surgical residents, six thoracic, three neurosurgical, two urology, and two anesthesia. We have had 35 Harvard Medical School students rotate through our service for instruction. With the supervision of Miss Margaret Burns we have trained six surgical technicians. Dr. Crehan has trained three respiratory therapists.

The Surgical Department of the New England Deaconess Hospital continues to keep abreast of surgical advances, maintains excellent patient care, and provides excellent opportunities to offer the best in medical education.

Report of the Department of Radiology

Mirle A. Kellett, M.D.
Chairman

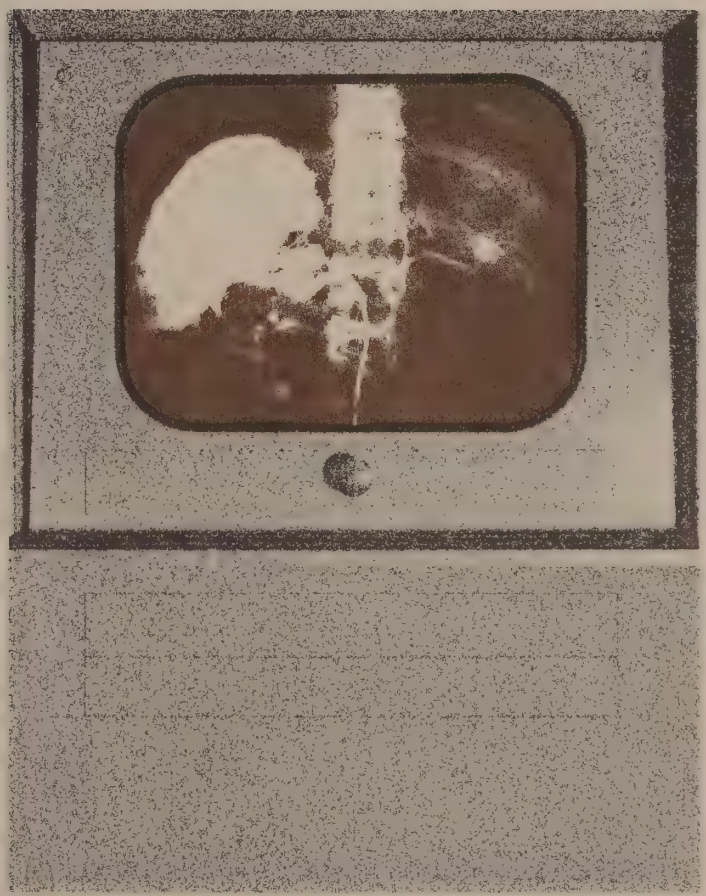
The last year has been a good year for the x-ray department. Our volume of examinations increased only 2 per cent, but the dimensions of our work widened. The addition of a radiologist trained in Angiography has markedly increased the number of blood vessel studies performed by us. These are of interest to all the subspecialties in medicine and surgery.

During the last ten years the greatest advances in x-ray diagnoses have probably occurred in urologic radiology. With all the various techniques available, most urologic diseases are now diagnosable. Obstructions in failing kidneys can be studied using drip infusion techniques with large amounts of contrast material. Using a similar modality and adding to tomography, cysts of the kidneys can be diagnosed with certainty and unnecessary surgery avoided. Direct injection of contrast material into the renal artery will detect malignant tumors of the kidney. Hypertension due to renal disease can be suspected from routine pyelograms. Direct arterial injections will reveal whether changes in the artery wall are the cause of high blood pressure and thus whether surgical correction is indicated.

Over the years, one of the greatest problems in rendering good service to patients and staff alike has been the filing of films and prompt delivery of x-ray reports. For the first time, although only temporarily, we have a college graduate performing the duties of film librarian. Our films are filed promptly and accurately; the destination of loaned films is known. The fact may seem inconsequential, but with 335 sets of film being viewed by several different groups daily it really is of great importance. Filing cannot be performed adequately by unskilled, untrained persons; some way must be found to make the work more stimulating and interesting to attract the proper personnel.

Radiologists can be more effective if they have good technical staffs. Here, at Deaconess, we have a good staff; but clouds are appearing on the national horizon that bear close watch. The two problems are unionization and licensure. Most x-ray technicians are opposed to unionization and are now seeking a ruling in the courts to allow their professional society to act as a bargaining agent if necessary. They should be strongly supported by the Radiologists, both for the benefit of the patient and the professional stature of the technicians. Licensure is less of a threat to the practice of good radiology but does mean a certain amount of government regulation and will restrict the free interchange of technicians from one state to another. The aim of licensure is to control the amount of radiation to the general public by licensing only trained personnel. It is estimated that non-radiologists own 75 per cent of the 100,000 x-ray machines used for medical diagnosis. These are operated by non-registered technicians who perform 42 per cent of all the x-ray examinations now estimated at more than 105 million a year. It is this group which will be eliminated by licensure, hopefully reducing radiation to the general population.

The next nine months will be crucial for the x-ray department. All the new beds will be in use and we will be required to provide increased service while undergoing a fairly extensive remodeling. However, the typical Deaconess spirit of cooperation will prevail and we will be able to meet the needs of all patients.



Report of the Joint Center for Radiation Therapy

Samuel Hellman, M.D.
Chairman

During the second year of operation for the Joint Center for Radiation Therapy, ended September 9, 1970, 1,346 new patients were seen; 496 at the New England Deaconess Hospital. This was a year of growth for the Joint Center. The staff now numbers seven full-time therapists and four physicists, and facilities at the Deaconess have been greatly expanded.

Notable was the acquisition of a new 4 MeV linear accelerator to replace an older resonant transformer. The new linear accelerator incorporates the most sophisticated features and greatly increases the capabilities for radiotherapeutic care at the Deaconess. Four linear accelerators and one cobalt unit are now available at the various installations of the Joint Center for the care of patients from any of the member hospitals.

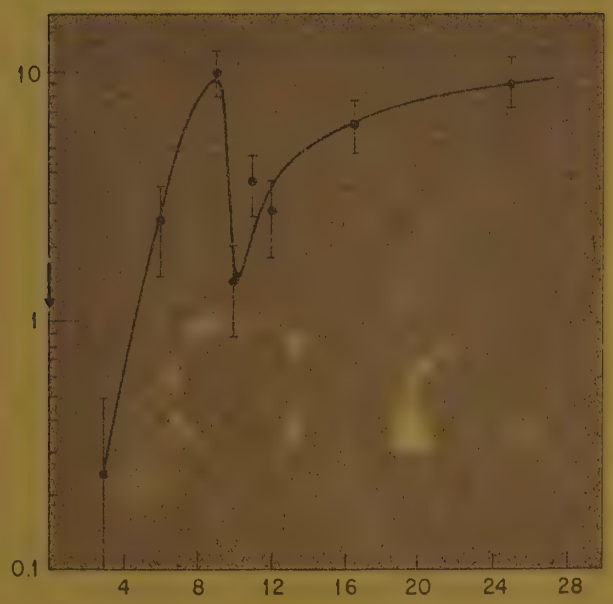
As a further indication of the growth and development of radiation therapy, Harvard Medical School has separated radiation therapy from diagnostic radiology and each is now a separate department in the school. Dr. Samuel Hellman, Director of the Joint Center for Radiation Therapy, has been appointed as the first Chairman of the Department of Radiation Therapy.

Research projects of the Joint Center for Radiation Therapy are housed primarily in the Joint Center. Dr. Hellman and Dr. John Chaffey have been studying the biology and kinetics of the most primitive hematopoietic cells. These are the basic cells which give rise to all of the formed blood elements. They have shown that after radiation or the administration of certain drugs these cells surviving such treatment produce altered distribution of progeny. Thus, not only do these toxic agents kill cells, they change the pattern of differentiation.

Another finding of interest is the demonstration of variation in the response to radiation of such primitive cells, depending on their position in the cell cycle. This is the first *in vivo* demonstration of this effect in normal tissue.

Portions of these results were presented at an international symposium on hemopoiesis at St. Elizabeth's Hospital and at an invitational meeting on the Relationship of Radiation Biology to Radiation Therapy at Carmel, California.

Dr. James A. Belli has been studying the response of cells to radiation damage. He has shown that variations in post-irradiation conditions can greatly modify the effects of the radiation. Further, he has shown that daughter cells through at least six generations will bear radiation damage and this, too, can be modified by the cell milieu. Portions of these results were presented at the International Meeting on the Relationship of Radiation Biology to Radiation Therapy at Carmel, California; at the Fifth Annual San Francisco Cancer Symposium, and at the 10th International Congress of Radiation Research in Evian, France.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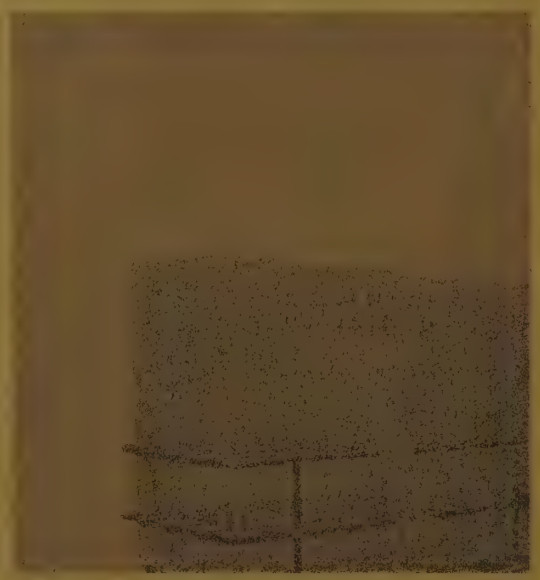
Report of the Department of Pathology

William A. Meissner, M.D.
Chairman



The practice of medicine is one of the most rapidly advancing frontiers of science. It has been said that a physician may be out of date within five years unless he has made continual efforts at re-education. Because of the increasing emphasis and expansion of laboratory procedures in modern medicine, continuing re-education in the laboratories is even more necessary. The problems are not only those of performing an increasing (10 per cent per year) number of old procedures, but of updating the tests with new methods and equipment while carrying out the work with strict accuracy. Constant training and teaching at all levels is critical.

Every member of the medical and technical staff of the laboratories participates in one or more of the eleven educational programs conducted by the department. Everybody becomes a student as well as a teacher. The training programs include a School of Cytotechnology, run as a cooperative effort with six other Boston hospitals, and our large School of Medical Technology, run in cooperation with Northeastern University. Many of the laboratory staff are faculty members of Northeastern University in connection with our highly successful technological school.

The pathological residency training program is an integral part of the department. Through the years, approximately 250 resident physicians have trained under this program, each contributing to the department during his training. Last year, members presented numerous seminars and workshops around the country at state and national meetings. Some of the topics included the pathology of diabetus mellitus, diagnostic parasitology, the pathology of thyroid diseases, and quality control of laboratory measurements. Many who act as teachers in our own programs act as students in other workshops and seminars to become familiar with new techniques, instruments, and ideas that might be applied in our own hospital laboratory. Still other educational programs are the teaching conferences for resident physicians in other specialities and the hospital conferences and student teaching at Harvard Medical School.

Exciting new equipment has been added to the laboratory during the last year. For example, an instrument is now in use which performs four important tests on a drop of blood and types out the results—all in 30 seconds. A new sophisticated version of an automated chemical analyzer will soon be added to the laboratory to permit rapid analysis of chemical substances in the blood simultaneously.

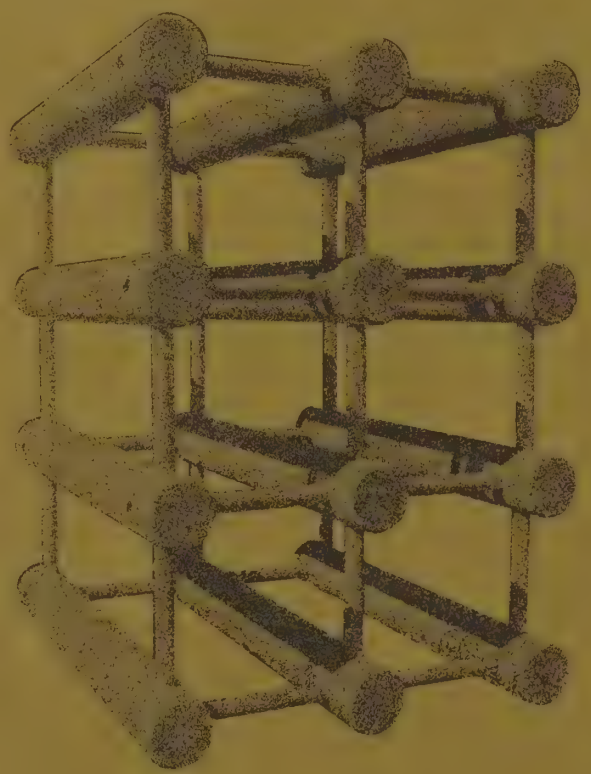
During the last year, our laboratory became one of the first to screen routinely all blood donors for the "Australian Antigen" which has been related to hepatitis; our patients thus are provided with an additional protection against receiving blood that might contain the hepatitus virus. Our frozen blood program has doubled its activity during the year.

The Deaconess laboratory continues to be a prototype for standards of accuracy in the United States and throughout the world. It is a reference laboratory for the United States Department of Health, Education and Welfare, the State Department of Health, and the College of American Pathologists. Pathologists in the department serve as consultants to many other pathologists and institutions, including the Armed Forces Institute of Pathology and the World Health Organization.

Plans for the laboratory call for a much needed expansion of physical facilities to provide the best possible service to our patients. The Blood Bank will be relocated to be closer to the operating suite. An admission laboratory will be established in the new Central Building to expedite the performance of laboratory work at the time of the patient's admission to the hospital, thus saving perhaps a day's hospitalization. The report of laboratory tests by computer will become a reality sometime in the next few months.

During the last year, Dr. Albert E. Anderson left to accept a position at the Cape Cod Hospital in Hyannis; we will miss him. During the year we were proud to welcome as new members of the department Dr. Joseph C. Parker, Jr., from Duke University Medical Center; Dr. Janet D. Lapey from Georgetown University School of Medicine, and Dr. Randi V. Rosvoll from Emory University School of Medicine.

New England Deaconess Complex



The Medical Office Building at One Ten Francis Street, now completing seven years of operation, is known nationally and internationally for the completeness of its services and facilities. Its offices are fully occupied with almost every facet of medicine represented. Here the patient will find complete diagnostic services including laboratory and X-ray facilities, leading medical, surgical and dental specialists and living accommodations if a stay of several days is required.

The Joslin Clinic Division of Joslin Diabetes Foundation, Inc. which is headed by Dr. Robert F. Bradley, continues to maintain its high standard of excellence in the treatment of diabetes and its varied complications. Its services for outpatients are integrated with those for forty ambulatory inpatients cared for in the Hospital Teaching Unit of the Deaconess Hospital on the second floor of the Joslin Diabetes Foundation building. The Elliott P. Joslin Research Laboratory, under the direction of Dr. George F. Cahill, Jr., is located on the third and fourth floors of the Foundation, whose president is Dr. Alexander Marble.

The Lahey Clinic, founded by Dr. Frank H. Lahey in 1923 and now a division of the Lahey Clinic Foundation, is one of the country's oldest and most renowned diagnostic facilities. A staff of 95 senior physicians and surgeons, 65 resident physicians and over 100 nurses and technicians provides departments of specialists in 17 different areas of medicine. The institution has long maintained a close working relationship with the Deaconess for hospital, surgical and laboratory service as well as resident training.

Surgery of the lung, esophagus, heart and great vessels continues to advance in the field of medicine, and the Overholt Thoracic Clinic maintains its place among the leaders. Doctors trained at the Clinic are scattered all over the world from the University of Cordoba in the Argentine to the University of Saigon. They are fully engaged in this specialty, doing research and teaching as well as surgery.

The Cancer Research Institute was established in 1951 under the direction of Dr. Shields Warren, then Chief of the Pathology Service, as a center for the study of the effects of radiation on tissues, with emphasis on radiation's cancer-inducing properties. It also served an important function as one of the first centers in the United States to distribute radio-active isotopes for use in the diagnosis and treatment of disease.

Over the years, the scientists at the Institute have developed important new insights into how the cells of man and laboratory animals change in function and structure as cancer develops; and how such change may be utilized in diagnosis and treatment. These men and women have held a number of academic appointments, chiefly in the departments of Harvard Medical School but with ties to Boston University and Tufts as well. A considerable number of graduate students, mostly in biochemistry and radiobiology, have received their advanced training at the Institute.

Dr. Warren, the founder and original director of the Institute, retired in January, 1969, after twenty years of vigorous and highly productive leadership. Dr. George Nichols, Jr., a member of the Department of Medicine and a long time member of the faculty of Harvard Medical School, was selected to succeed Dr. Warren and assumed his new duties early in 1970. During the interim period, the affairs of the Institute were ably conducted by Dr. Hermann Lisco, pending his resignation from the Institute staff to spend full time at Harvard Medical School.

A change in leadership inevitably means a change in direction and emphasis for the overall programs of research. The emphasis of Dr. Nichols' own work on elucidating the fundamental principles of cellular behavior at the biochemical level and the application of such knowledge to the solution of disease problems indicates, however, that the same concern with finding new and better answers to solving the problems of disease will continue to be the guiding spirit of this active and highly productive Institute.

The Shields Warren Radiation Laboratory was established to promote the investigation of ionizing radiations, especially in relation to their use for the diagnosis and treatment of cancer. Examples of such rays in common use are x-rays, gamma rays from cobalt 60 or radium, and those generated by linear accelerators. The use of isotopes, such as radioactive iodine, likewise is based on the use of such rays.

During the last year, the major research groups of the Laboratory—organized under the rubrics of Experimental Therapy, Diagnosis, Nuclear Medicine, Pathology, Biology, Microbiology, and Reproduction—received grants in support of the direct costs of research in excess of $500,000 and involved the equivalent of some 75 full-time research personnel.

The breadth of the program may be gauged from mention of the research problems that currently are under investigation: injury and recovery of cells following irradiation of the bone marrow or of tissue cultures; factors that influence the radiologic induction of leukemia in experimental animals; the radiologic induction of mutations in the ova and sperm of mice; the chemical changes that occur in the constituent animo acids of irradiated proteins; the development of a new radioactive pharmaceutical compound for use in the diagnostic scanning of the human lung, and the x-ray visualization of two kinds of blood vessels in experimental tumors whose differentiation may be of importance in chemotherapy.

In addition to its purely experimental goals, the Laboratory aims to bring together practicing clinicians with experimentalists, students, and trainees to promote research training and discussion in relation to clinical practice. In accordance with this objective, the Laboratory provides the Joint Center for Radiation Therapy with its administrative and scientific headquarters. Members of the staff of the Joint Center are in charge of radiation therapy at the Deaconess and other Harvard affiliated hospitals in the area (Beth Israel, Boston Hospital for Women, Children's Hospital Medical Center, and the Peter Bent Brigham Hospital). At the Laboratory there are weekly seminars and conferences. In addition, a basic training course in physics and biology is now offered by the Harvard Radiology Departments for specialist trainees and students in radiologic science.

Finally, it may be reported as an item of special interest to the friends of Dr. Shields Warren, for whom the Laboratory was named, that he has moved his office and part of his research activities from the Cancer Research Institute to the Laboratory.

Report of the Friends of Deaconess

Mrs. Lauriston Ward, Jr.

Thirty-eight years ago the Friends of the Deaconess Hospital was organized. Among its purposes, according to its by-laws, were to organize permanently a group of interested persons to work for the advancement of the hospital and the purpose for which it was organized; to raise funds for the hospital by such means as may from time to time be appropriate; to encourage patronage of said hospital, and to encourage gifts, bequests and trust funds for its support.

It need hardly be said that any effort "to encourage patronage of said hospital" is not these days a vital goal. The function of raising funds remains, however, a major objective. Last year, the Friends raised a total of $52,620.06 through its various activities, as follows:

	1969-70	1968-69
Memberships	$ 2,615.00	$ 2,167.00
Membership gifts	593.00	1,227.70
Memorial Fund	51.00	1,665.00
Church gifts	608.00	803.50
Courtesy cart	397.21	508.15
Thrift Shop	16,972.94	13,656.48
Coffee Shop	25,050.00	20,625.00
Flower Shop	837.83	825.62
Gift Shop	—	1,000.00
Christmas Bazaar	2,311.83	2,577.47
Pops Concert	1,742.50	1,585.50
Other	1,400.75	—
TOTAL	$52,620.06	$46,641.42

The figures show that all of last year's $6 thousand increase can be credited to the sparkling performances of the Coffee and Thrift Shops. They increased their profits by margins of approximately 22 and 24 per cent, respectively. For the Gift Shop, normally one of the big three, it was a year of transition. With the wholehearted cooperation of the hospital administration, the Gift Shop moved last year from its corner of the Central Building Lobby to new and far more spacious quarters, those formerly occupied by the Pharmacy. The move cost the Shop five months of operating time and the reinvestment of its profit for the year. With the move, now complete, however, the Gift Shop can look forward to revenues greatly in excess of those achieved in the past.

Over the years the Friends have developed special relationships with two groups in the hospital, the nurses and patients. Each year the Friends give the School of Nursing money for nursing scholarships. This money is, of course, in addition to that donated to the hospital for special projects. Three of the Friends' projects are devoted exclusively to scholarships: Evening at Pops, The Christmas Bazaar and the scholarship of contributions from the Methodist Church. A fourth, the Coffee Shop, regularly earmarks $3,050 of its profits for nurses' scholarships. Last year the total donated from these four projects came to $7,790.

The Friends establish personal contact with patients through two other projects, a Courtesy Cart and Diversional Therapy. Volunteers wheel the Courtesy Cart through the wards, bringing to patients a changing and attractive variety of inexpensive items from the Gift Shop. Patients this year have the opportunity of purchasing toothpaste, tissues and beauty aids from the Cart since the former Pharmacy has now been merged with the Gift Shop. Other comforts brought by the volunteers include bed jackets, writing paper, slippers, pillows, and a number of the newer items from the expanded shop.

The second personal contact project which has continued for many years is Diversional Therapy. Under the co-chairmanship of three ladies, a small group of volunteers bring their handcraft cart to the patients once or twice a week. These ladies, however, do more than sell and demonstrate a variety of interesting handcrafts. They establish a continuing relationship with their patients, help them with their project, and provide sympathetic company.

With real pride the Friends can announce that at last June's meeting they pledged the sum of $100 thousand for a new hospital project. The money will be used to build one floor of the new Norwich site building for a radiation therapy unit. Significant advances have been made in the field of radiation therapy in recent years. The Friends are pleased to play a part in this life-giving work.

Membership last year reached 497, five more than in the previous year. The total includes 38 new members and one new life member. Much of the Friends' work, however, was done by "the few." It is with especial esteem, therefore, that I single out our Chairmen for praise: Mrs. C. Cabell Bailey, Mrs. George Dempsey, and Mrs. Basil C. Gray (Diversional Therapy), Mrs. William A. Meissner (Membership), Mrs. Jackson M. Norris (Flowers), Mrs. Theodore C. Pratt (Coffee Shop), Mrs. George I. Rohrbough (Christmas Bazaar and Thrift Shop), Mrs. Sheldon E. Wardwell (Gift Shop and Methodist Churches), Mrs. Shields Warren (our indefatigable treasurer), and Mrs. Elton Watkins, Jr. and Mrs. S. St. John Morgan (Pops).

Liabilities and Fund Balances

	1970	1969
GENERAL FUND:		
Accounts payable, withheld taxes, and accrued expenses	$ 1,185,166	$ 1,260,279
Deferred income	429,316	343,893
Current mortgage note instalments, as classified in prior year (Note 1)		161,332
Total	1,614,482	1,765,504
Due to Endowment Funds	20,160	
Fund balance	1,654,287	1,419,156
Total	3,288,929	3,184,660
SPECIAL PURPOSE FUNDS:		
Accumulated gifts, bequests, and reserves for special purposes	846,791	664,553
Unexpended research grants	325,746	321,724
Total	1,172,537	986,277
ENDOWMENT FUNDS:		
Mortgage notes payable (Note 1)	3,051,946	3,051,946
Fund balances	3,790,393	3,796,253
Total	6,842,339	6,848,199
BUILDING AND EQUIPMENT FUNDS (Note 1):		
Accounts payable	552,824	773,915
Mortgage note payable	705,169	705,169
Fund balances:		
Held for improvement and expansion	210,080	2,264,486
Invested in land, buildings, and equipment	14,852,144	11,774,735
Total	16,320,217	15,518,305
TOTAL LIABILITIES AND FUND BALANCES	$27,624,022	$26,537,441

See notes to financial statements.

Statement of General Fund Income

FOR THE FISCAL YEARS ENDED SEPTEMBER 27, 1970 AND SEPTEMBER 28, 1969

	1970	1969
PATIENT SERVICE REVENUES	$15,908,092	$13,698,418
LESS—Free care, provision for uncollectible accounts, contractual adjustments, etc.	293,011	539,312
OPERATING INCOME	15,615,081	13,159,106
OPERATING EXPENSES:		
Professional care of patients:		
General	4,851,319	4,028,077
Special	5,390,148	4,515,618
Household and property	2,286,667	2,024,188
General services and administration	1,886,629	1,507,440
Employee benefits	869,038	726,774
Depreciation (straight-line basis)	557,789	523,733
Total operating expenses	15,841,590	13,325,830
LOSS FROM OPERATIONS	226,509	166,724
INTEREST EXPENSE	29,660	32,538
LOSS BEFORE NON-OPERATING INCOME	256,169	199,262
NON-OPERATING INCOME:		
From endowment funds	181,763	140,684
Donations and other distributions (net of development expense)	88,730	94,682
From temporary investments, etc.	63,418	119,638
Total non-operating income	333,911	355,004
NET INCOME—Transferred to General Fund Balance	$ 77,742	$ 155,742

NOTES TO FINANCIAL STATEMENTS

1. MORTGAGE NOTES PAYABLE AND CENTRAL BUILDING ADDITION

The mortgage notes payable by the Hospital are due in instalments which (1) as to the two endowment funds notes aggregate $244,832 annually, including interest, to February 1991 and (2) as to the building and equipment funds note aggregate $109,320 annually, including interest, to February 1978. The Hospital's land and buildings, with the exception of research buildings and certain staff residences, are assigned under these mortgages.

At September 27, 1970 the Hospital discontinued the segregation made in prior years (for reporting purposes only) of mortgage note instalments due within one year from Endowment Funds and Building and Equipment Funds to the General Fund. Accordingly, at September 27, 1970 current instalments of $86,626 and $82,338 are included in the mortgage notes payable balances of Endowment Funds and Building and Equipment Funds, respectively.

Construction in progress at September 27, 1970 represents the addition to the Hospital's Central Building. Further construction commitments for this addition aggregated approximately $1,500,000 at that date. To provide funds for this construction and furnishings, the Hospital has entered into a mortgage loan commitment under the terms of which two of the existing mortgage notes payable (aggregating $1,065,704 at September 27, 1970) are expected to be refinanced during 1971 through a new mortgage note in an amount up to $3,632,000.

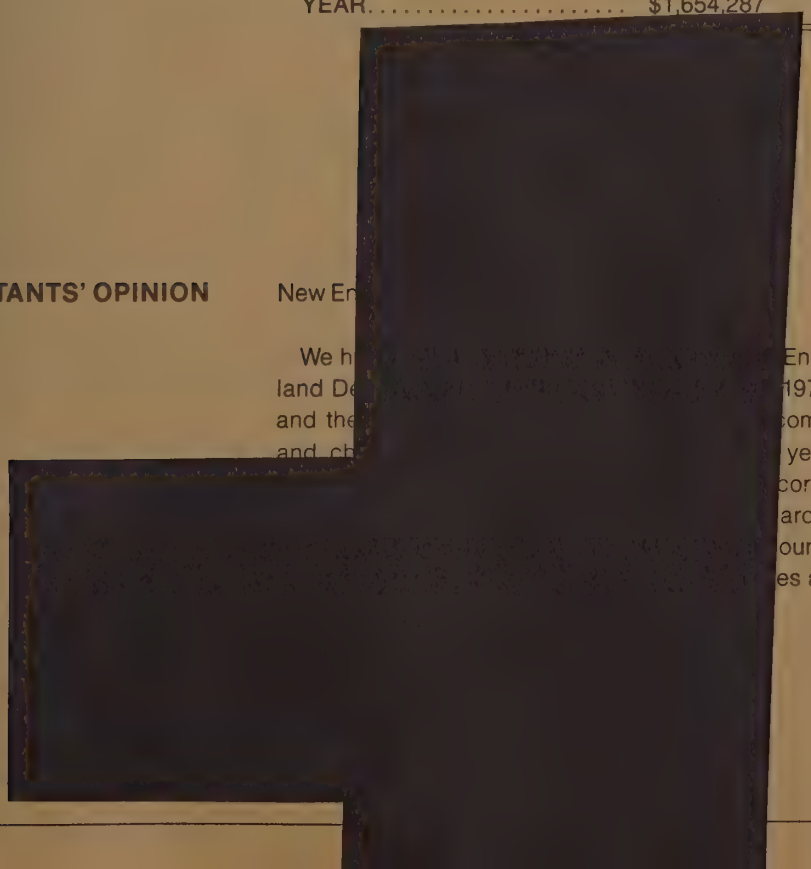
2. EMPLOYEES' RETIREMENT PLAN

Effective September 28, 1970, the Hospital adopted a new non-contributory retirement plan covering substantially all employees not over age 55 at date of employment. This plan supersedes a contributory retirement plan which covered substantially all employees who had reached age 30. Under the superseded plan the Hospital provided amounts necessary to cover its current costs and to amortize the prior service cost in full by October 1, 1979, the twentieth anniversary of the plan. The provision for the year ended September 27, 1970 was approximately $154,000, of which $2,400 remained accrued at that date.

Statement of Changes in Fund Balances

FOR THE FISCAL YEAR ENDED SEPTEMBER 27, 1970

	General Fund	*Special Purpose Funds*	*Endowment Funds*	*Building and Equipment Funds*	
				Unexpended	*Invested*
BALANCE AT BEGINNING OF YEAR	$1,419,156	$ 986,277	$3,796,253	$2,264,486	$11,774,735
INCREASES:					
Legacies, gifts, etc.	62,780	110,760	1,501	399,057	
Central Building Fund receipts				565,600	
Grants for specified purposes		707,140			
Net loss on sale of investments			(7,361)	(273)	
Investment income		20,776		198,669	
Net income for the year	77,742				
Other		10,724		10,833	
Total	1,559,678	1,835,677	3,790,393	3,438,372	11,774,735
EXPENDITURES		(705,120)		(14,294)	
INTERFUND TRANSFERS:					
Legacies restricted for special purposes	(62,780)	62,780			
Investment in buildings and equipment	(400,400)	(20,800)		(3,213,998)	3,635,198
Depreciation provided	557,789				(557,789)
BALANCE AT END OF YEAR	$1,654,287	$1,172,537	$3,790,393	$ 210,080	$14,852,144



ACCOUNTANTS' OPINION

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we considered necessary in the circumstances.

In our opinion, the accompanying financial statements present fairly the financial position of New England Deaconess Hospital at September 27, 1970 and the results of its operations for the fiscal year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Haskins + Sells

Boston, Massachusetts
November 12, 1970

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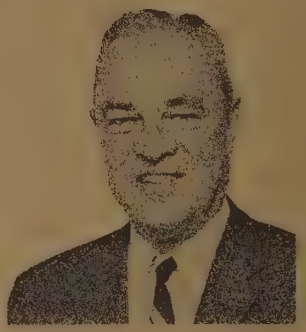
Chairman of the Board

Laurens MacLure,
President



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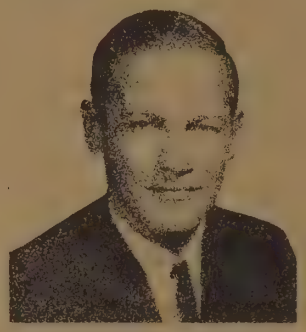

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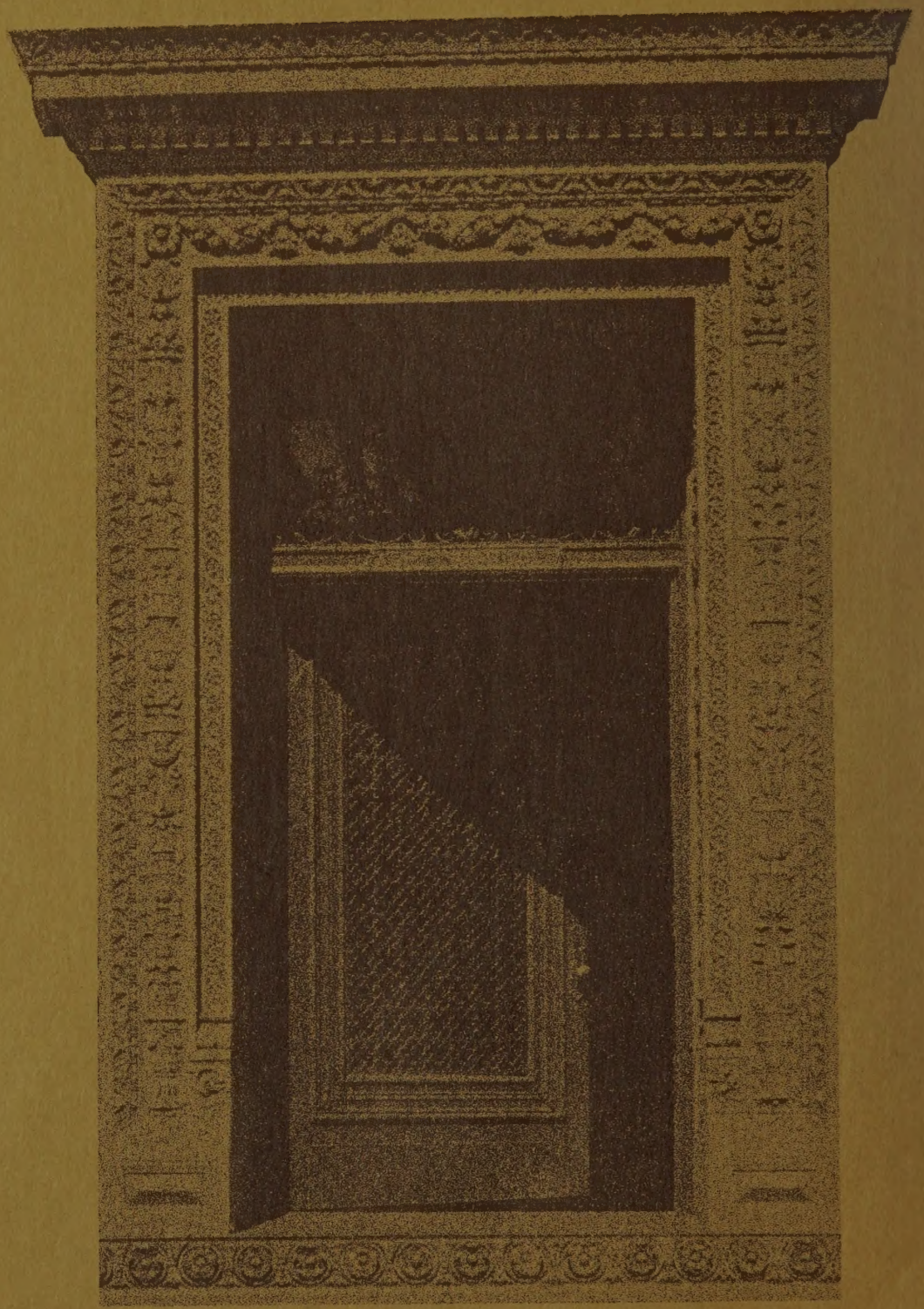

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